Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Andrew Alvarez for Congress 313 S Hill St apt B ADDRESS (number and street) (Check if address is changed) Alvin 77511 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS andrew@aaforcongress.com (Check if address is changed) Optional Second E-Mail Address andrewalvarez@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.aaforcongress.com (Check if address is changed) DATE 01 2020 C00745356 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Valadez, Brian, , , q Type or Print Name of Treasurer Valadez, Brian, , , q [Electronically Filed] 10 18 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate	Alvarez, Andrew, Ruben, ,	
	didate / Affiliati	on REP Office Sought: <b>X</b> House Senate President	State TX District 27
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		<u> </u>					
Andrew Alvarez	for Congress						
	rganization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor					
NOŅĘ , , , , , , ,							
Mailing Address							
	CITY STATE	ZIP CODE					
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representation	ative Leadership PAC Sponso					
Custodian of Records: Ider books and records.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.						
Valadez, E	rian, , , q						
Mailing Address	313 S Hill St apt B						
g							
	Alvin	77511					
Title or Position	CITY STATE	ZIP CODE					
Treasurer	Telephone number	361 - 228 - 9244					
Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; ssistant treasurer).	; and the name and address of					
Full Name Valadez, B	ian, , , q						
Mailing Address	313 S Hill St apt B						
	Alvin	77511					
Title or Position	CITY STATE	ZIP CODE					
Treasurer							

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
cafaty danacit ha	avos or maintains funds	
safety deposit bo Name of Bank, I Mailing Address	1st National Bank Texas	
Name of Bank, [	Depository, etc.  1st National Bank Texas	
Name of Bank, [	Depository, etc.  1st National Bank Texas  PO Box 937	ZIP CODE
Name of Bank, [	Depository, etc.  1st National Bank Texas  PO Box 937  Killeen  TX 76540  CITY STATE	
Name of Bank, [	Depository, etc.  1st National Bank Texas  PO Box 937  Killeen  TX 76540  CITY STATE	
Name of Bank, [	Depository, etc.  1st National Bank Texas  PO Box 937  Killeen  TX 76540  CITY STATE	
Name of Bank, I	Depository, etc.  1st National Bank Texas  PO Box 937  Killeen  TX 76540  CITY STATE	
Name of Bank, I	Depository, etc.  1st National Bank Texas  PO Box 937  Killeen  TX 76540  CITY STATE	